

	CIGNA HEALTHCARE (POS) (This Plan Allows You To Use Both In And Out Of Network Providers. For Purposes Of This Summary, The Two Will Be Discussed Separately.) Visit our website at www.Cigna.com	
COVERAGE PLAN DESCRIPTION	IN NETWORK A managed care program which offers employees, covered dependents and retirees (under age 65) the ability to use selected hospitals and doctors, with 100% benefits for covered charges, after applicable co-payments. You select a primary care physician who manages your healthcare needs within the network	OUT OF NETWORK A fee for service program that provides you the freedom to use any physician or accredited hospital of your choice without going through a primary care physician (PCP). Payments are based on reasonable and customary (R & C) charges. Providers who do not participate in CIGNA's network may balance bill you for the amount which exceeds R & C. Coverage is subject to deductibles and co-insurance.
DEDUCTIBLES/COPAYMENTS	Co-payments \$10 Physician office visit \$50 Emergency Room (waived if admitted) \$5/\$10/\$15 Prescriptions for 30 day supply Mail Order: \$10/\$20/\$30 for 90 day supply.	Deductible \$200 per individual; \$500 per family \$50 Emergency Room Co-payment (waived if admitted) Same in-network prescription benefits apply if participating pharmacy is used. See below for clarification.
PHYSICIANS	Choose any primary care physician from CIGNA HealthCare participating provider list. Covered family members may choose their own primary care physician.	Choose any licensed physician; covered charges payable at 70% of reasonable & customary (R & C) after deductible.
A. IN-HOSPITAL PHYSICIAN Surgery/Visits & Consultations Anesthesiologist B. OUT-PATIENT PHYSICIAN SERVICES: Office visits for illness Office visits for injury Diagnostic X-Rays, Lab Tests, X-Ray treatments Pediatrician 1) Medically Necessary 2) Preventive (Child Health Supervision Services) Routine Physical Obstetrical/Gynecological	Benefits payable at 100% when received at participating hospitals and arranged by the member's primary care physician. \$10 co-payment; then 100% \$10 co-payment; then 100% 100% \$10 co-payment; then 100% \$10 co-payment; then 100% Covers one visit per calendar year for all services provided up to age 16. \$10 co-payment; then 100% \$10 co-payment, then 100%. PCP referral not required. Mammograms, PAP smears payable at 100%	Benefits payable at 70% reasonable & customary (R & C) covered charges, after deductible is met. 70% of R & C covered charges, after deductible is met. 70% of R & C covered charges, after deductible is met. 70% of R & C covered charges, after deductible is met. 70% of R & C covered charges, after deductible is met. 100% of R & C covered charges, no deductible. Not covered 70% of R & C covered charges, after deductible is met.
Hospitalization:	Benefits payable at 100% at following affiliated hospitals when admitted with PCP authorization: MIAMI-DADE COUNTY Aventura • Baptist • Cedars • Coral Gables • Health South Doctor's Hospital • Hialeah • Kendall Regional • Mercy • Miami Children's • Miami Heart • Mt. Sinai • Miami Heart • North Shore • Palmetto General • Parkway Regional • SMH Homestead • South Miami • University of Miami/Jackson Memorial Hospital and Clinics • Villa Maria Rehab Hospital*	70% of R & C covered charges, after deductible is met.

*Note: These hospitals are not full service hospitals but are contracted for specialty or specific services only.	BROWARD COUNTY Broward General • Cleveland Clinic • Coral Springs • Florida Medical • Hollywood Medical Center • Holy Cross • Imperial Point • Memorial • Memorial West • North Broward • Northwest Medical • North Ridge • Plantation General • University • Westside Regional	
Hospital/Surgical Requirements: Precertification of hospital confinements	Handled by admitting physician.	Precertification required or benefits will result in a \$500 penalty. This is the responsibility of the member, not the providers.
Drug & Alcohol Treatment: Inpatient	\$25 per inpatient day. Maximum of 45 days annually.	Benefits payable at 70% of R & C, after deductible is met. Maximum of 45 days annually.
Outpatient	\$10 co-payment, up to 30 outpatient visits per calendar year.	70% of R & C charges after deductible is met to a maximum of 30 visits per calendar year.
Mental & Nervous Disorders:		
Inpatient	100%. Maximum of 45 days annually.	Benefits payable at 70% R & C covered charges, after deductible is met. Maximum of 45 days annually.
Outpatient	\$10 co-payment, up to 30 outpatient visits per calendar year.	70% of R & C charges after deductible is met to a maximum of 30 visits per calendar year.
Other Services Ambulance Vision	100% Coverage provided for diseases of the eye and/or injuries to the eye. Eye exams, glasses, contact lenses not covered.	70% of R & C charges after deductible is met. Coverage provided for diseases of the eye and/or injuries to the eye at 70% of R & C after deductible is met. Eye exams, glasses, contact lenses not covered.
Prescription Drugs:	\$5 Generic/\$10 Preferred Brand/\$15 Non-Preferred Brand prescriptions for 30 day supply including prescription contraceptives at participating pharmacies such as Eckerd, Walgreens, Publix, Navarro, Sedanos, Albertson's, Wal-Mart and Winn Dixie. See plan literature for other participating pharmacies. Mail order: 2x copay for 90-day supply.	\$5 Generic/\$10 Preferred Brand/\$15 Non-Preferred Brand prescriptions for 30 day supply including prescription contraceptives at participating pharmacies such as Eckerd, Walgreens, Publix, Navarro, Sedanos, Albertson's, Wal-Mart and Winn Dixie. Mail order: 2x copay for 90-day supply. See plan literature for other participating pharmacies. Deductible +30% of charges apply at non-participating pharmacies.
Durable Medical Equipment (DME):	Covered at 100%.	70% of R & C charges after deductible is met.
Out of Area:		
1) Emergency	\$50 co-pay, waived if admitted/100%.	\$50 co-pay, waived if admitted/100%.
2) Non-Emergency	70% of R & C charges after deductible is met.	70% of R & C charges after deductible is met.
	Maximum lifetime benefits is unlimited in-network, \$1 million out-of-network. Out-of-network annual out-of-pocket maximum is \$1,500 per individual for participating providers in the traditional network, no family maximum. Non-participating out-of-network providers have not agreed to accept CIGNA's reasonable and customary standard (R & C) as payment in full for covered services. Therefore, if a non-participating provider is used the insured is also responsible for the difference between R & C and the non-participating provider's actual charges.	